

<b>Commonwealth of Massachusetts Division of Medical Assistance Provider Manual Series</b>  DENTAL MANUAL	<b>SUBCHAPTER NUMBER AND TITLE</b> 6 SERVICE CODES AND DESCRIPTIONS	<b>PAGE</b> 6-1
	<b>TRANSMITTAL LETTER</b> DEN-62	<b>DATE</b> 01/01/03

The dental service codes and descriptions that are listed in this Subchapter 6 must be used when providing dental services to members. For each dental service code, the description indicates what age range or if the Special Circumstances designation applies. The age ranges are “**under 21**,” “**21 and older with special circumstances designation**,” and “**21 and older — other**.” The dental service code applies to “**all members**” where no age range or Special Circumstances designation is indicated.

#### 601 Explanation of Abbreviations

The following abbreviations are used in Subchapter 6.

(A) **P.A.** indicates that service-specific prior authorization is required (see 130 CMR 420.410).

(B) **I.C.** indicates that the claim will receive individual consideration to determine payment. A descriptive report must accompany the claim (see 130 CMR 420.412).

(C) **S.P.** indicates that the procedure is commonly performed as part of a total service and does not usually warrant a separate fee. The procedure must be performed separately to receive the separate fee (see 130 CMR 420.413).

(D) **S.C.** indicates that the procedure is covered for members aged 21 and older who meet the Special Circumstances criteria (see 130 CMR 420.410 (D)).

#### 602 Service Codes and Descriptions: Diagnostic Services

See 130 CMR 420.422, 420.433, and 420.443 for limitations.

Service

Code      Service Description

##### **Clinical Oral Evaluation**

D0120      Periodic oral examination (once per 12-month period and no sooner than 12 months from the date of the last evaluation) (**under 21 and S.C. only**)

D0150      Comprehensive oral evaluation (once per member per dentist) (**under 21 and S.C. only**)

<b>Commonwealth of Massachusetts</b> <b>Division of Medical Assistance</b> <b>Provider Manual Series</b>  DENTAL MANUAL	<b>SUBCHAPTER NUMBER AND TITLE</b> 6 SERVICE CODES AND DESCRIPTIONS	<b>PAGE</b> 6-2
	<b>TRANSMITTAL LETTER</b> DEN-62	<b>DATE</b> 01/01/03

603 Service Codes and Descriptions: X Rays

See 130 CMR 420.423, 420.434, and 420.444 for limitations.

Service  
Code

Service Description

**Radiographs**

- D0210 Intraoral—complete series (including bitewings) (once every three calendar years)  
**(ages 6 through 12:** 10 intraoral films and two posterior bitewings)  
**(ages 13 through 20:** minimum of 12 periapical films and two posterior bitewings)  
**(S.C.:** minimum of 12 periapical films and two posterior bitewings)  
**(21 & older — other:** minimum of 12 periapical films and two posterior bitewings as  
separate procedure as related to diagnosing an emergency-care condition, extracting a tooth,  
or to document a condition for covered treatment related to P.A. requirements)  
D0220 Intraoral—periapical, first film  
D0230 Intraoral—periapical, each additional film  
D0270 Bitewing—single film  
D0272 Bitewings—two films **(under 21 and S.C.,** twice per calendar year) **(21 & older — other,** limited  
as noted above)  
D0274 Bitewings—four films **(under 21 and S.C. only,** twice per calendar year)  
D0330 Panoramic film (nonsurgical condition — **under 21 only**) (surgical conditions — **all members**)  
D0340 Cephalometric film **(under 21 only)** (P.A.)  
D0350 Oral/facial images (includes intra and extraoral images) (excludes conventional radiographs) (only  
when requested by the Division) (P.A.) (I.C.)

**Test and Laboratory Examinations**

- D0470 Diagnostic casts (only when requested by the Division) (P.A.)

604 Service Codes and Descriptions: Preventive Services

See 130 CMR 420.424, 420.435, and 420.445 for limitations.

Service  
Code

Service Description

**Dental Prophylaxis** (once per six-month period and no sooner than six months from the date of  
the last prophylaxis)

- D1110 Prophylaxis—adult **(ages 14 through 20 and S.C. only)**  
D1120 Prophylaxis—child **(to age 14)**

<b>Commonwealth of Massachusetts</b> <b>Division of Medical Assistance</b> <b>Provider Manual Series</b>  DENTAL MANUAL	<b>SUBCHAPTER NUMBER AND TITLE</b> 6 SERVICE CODES AND DESCRIPTIONS	<b>PAGE</b> 6-3
	<b>TRANSMITTAL LETTER</b> DEN-62	<b>DATE</b> 01/01/03

604 Service Codes and Descriptions: Preventive Services (cont.)

**Topical Fluoride Treatment (Office Procedure)**

- D1203 Topical application of fluoride (prophylaxis not included)—child (once per six-month period and no sooner than six months from the date of the last topical fluoride treatment) **(under 21 only)**  
**(S.C. and 21 & older — other require P.A.)**

**Other Preventive Services**

- D1351 Sealant—per tooth (permanent first and second molars only) (once per three years per tooth)  
**(ages 5 through 20 only)**

605 Service Codes and Descriptions: Restorative Services

See 130 CMR 420.425, 420.436, and 420.446 for limitations.

Service

Code      Service Description

**Amalgam Restorations (Including Polishing)**

- D2140 Amalgam—one surface, primary or permanent **(primary - under 21 only)** (permanent – under 21 and S.C. only)  
D2150 Amalgam—two surfaces, primary or permanent **(primary - under 21 only)** (permanent – under 21 and S.C. only)  
D2160 Amalgam—three surfaces, primary or permanent **(primary - under 21 only)** (permanent – under 21 and S.C. only)  
D2161 Amalgam—four or more surfaces, primary or permanent **(under 21 and S.C. only)**

**Resin Restorations (Composite Restorations)**

- D2330 Resin-based composite—one surface, anterior **(under 21 and S.C. only)**  
D2331 Resin-based composite —two surfaces, anterior **(under 21 and S.C. only)**  
D2332 Resin-based composite —three surfaces, anterior **(under 21 only)**  
D2335 Resin-based composite —four or more surfaces or involving incisal angle (anterior) (for fractured incisal angle) (includes pins) **(under 21 only)**  
D2390 Resin-based composite crown, anterior **(under 21 only)**  
D2391 Resin-based composite— one surface, posterior **(primary - under 21 only)** (permanent – under 21 and S.C. only)  
D2392 Resin-based composite— two surfaces, posterior **(primary - under 21 only)** (permanent – under 21 and S.C. only)  
D2393 Resin-based composite— three surfaces, posterior **(primary - under 21 only)** (permanent – under 21 and S.C. only)  
D2394 Resin-based composite—four or more surfaces, posterior **(primary - under 21 only)** (permanent – under 21 and S.C. only)

<b>Commonwealth of Massachusetts</b> <b>Division of Medical Assistance</b> <b>Provider Manual Series</b>  DENTAL MANUAL	<b>SUBCHAPTER NUMBER AND TITLE</b> 6 SERVICE CODES AND DESCRIPTIONS	<b>PAGE</b> 6-4
	<b>TRANSMITTAL LETTER</b> DEN-62	<b>DATE</b> 01/01/03

605 Service Codes and Descriptions: Restorative Services (cont.)

**Crowns—Single Restoration Only**

- D2710 Crown—resin (laboratory) (**under 21 only**) (P.A.)  
D2751 Crown—porcelain fused to predominantly base metal (**under 21 and S.C. only**) (P.A.)

**Other Restorative Services**

- D2910 Recement inlay (**under 21 and S.C. only**)  
D2920 Recement crown (**under 21 and S.C. only**)  
D2930 Prefabricated stainless steel crown—primary tooth (**under 21 only**)  
D2931 Prefabricated stainless steel crown—permanent tooth (**under 21 only**)  
D2932 Prefabricated resin crown (primary anterior teeth only) (**under 21 only**)  
D2951 Pin retention—per tooth, in addition to restoration (two or more surfaces) (commercial amalgam bonding) (**under 21 and S.C. only**)  
D2954 Prefabricated post and core in addition to crown (**under 21 and S.C. only**) (P.A.)  
D2980 Crown repair, by report (**under 21 and S.C. only**) (P.A.) (I.C.)  
D2999 Unspecified restorative procedure, by report (**under 21 and S.C. only**) (P.A.) (I.C.)

606 Service Codes and Descriptions: Endodontic Services

See 130 CMR 420.426, 420.437, and 420.447 for limitations.

Service

Code      Service Description

**Pulpotomy**

- D3220 Therapeutic pulpotomy (excluding final restoration)—removal of pulp coronal to the dentinocemental junction and application of medicament (**under 21 only**)

**Root Canal Therapy (Including Treatment Plan, Clinical Procedures and Follow-up Care)**

- D3310 Anterior (excluding final restoration) (one canal) (bicuspid—one canal) (**under 21 and S.C. only**) (P.A.)  
D3320 Bicuspid (excluding final restoration) (two canals) (**under 21 only**) (P.A.)  
D3330 Molar (excluding final restoration) (three canals) (**under 21 only**) (P.A.)

**Apicoectomy/Periradicular Services**

- D3410 Apicoectomy/periradicular surgery—anterior (per tooth) (includes retrograde filling) (**under 21 and S.C. only**) (P.A.)  
D3421 Apicoectomy/periradicular surgery—bicuspid (first root) (**under 21 and S.C. only**) (P.A.)  
D3426 Apicoectomy/periradicular surgery (each additional root) (**under 21 and S.C. only**) (P.A.)

<b>Commonwealth of Massachusetts</b> <b>Division of Medical Assistance</b> <b>Provider Manual Series</b>  DENTAL MANUAL	<b>SUBCHAPTER NUMBER AND TITLE</b> 6 SERVICE CODES AND DESCRIPTIONS	<b>PAGE</b> 6-5
	<b>TRANSMITTAL LETTER</b> DEN-62	<b>DATE</b> 01/01/03

607 Service Codes and Descriptions: Periodontic Services

See 130 CMR 420.424, 420.435, and 420.445 for limitations.

Service

Code      Service Description

**Surgical Services (Including Usual Postoperative Services)**

- D4210      Gingivectomy or gingivoplasty—four or more contiguous teeth or bounded teeth spaces per quadrant (once per quadrant per three-year period) **(under 21 and S.C. only)** (P.A.)
- D4341      Periodontal scaling and root planing—four or more contiguous teeth or bounded teeth spaces per quadrant (includes curettage) (once per quadrant per three-year period) **(under 21 and S.C. only)** (P.A.)

608 Service Codes and Descriptions: Prosthodontic (Removable) Services

See 130 CMR 420.427, 420.438, and 420.448 for limitations.

Service

Code      Service Description

**Complete Dentures (Including Routine Post Delivery Care)**

- D5110      Complete denture—maxillary **(under 21 and S.C. only)** (P.A.)
- D5120      Complete denture—mandibular **(under 21 and S.C. only)** (P.A.)
- D5130      Immediate denture—maxillary **(under 21 only)** (P.A.)
- D5140      Immediate denture—mandibular **(under 21 only)** (P.A.)

**Partial Dentures (Including Routine Post Delivery Care)**

- D5211      Maxillary partial denture—resin base (including any conventional clasps, rests, and teeth) **(under 21 and S.C. only)** (P.A.)
- D5212      Mandibular partial denture—resin base (including any conventional clasps, rests, and teeth) **(under 21 and S.C. only)** (P.A.)
- D5213      Maxillary partial denture—cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth) **(under 21 only)** (P.A.)
- D5214      Mandibular partial denture—cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth) **(under 21 only)** (P.A.)

**Repairs to Complete Dentures**

- D5510      Repair broken complete denture base **(under 21 and S.C. only)**
- D5520      Replace missing or broken teeth—complete denture (each tooth) **(under 21 and S.C. only)**

<b>Commonwealth of Massachusetts</b> <b>Division of Medical Assistance</b> <b>Provider Manual Series</b>  DENTAL MANUAL	<b>SUBCHAPTER NUMBER AND TITLE</b> 6 SERVICE CODES AND DESCRIPTIONS	<b>PAGE</b> 6-6
	<b>TRANSMITTAL LETTER</b> DEN-62	<b>DATE</b> 01/01/03

608 Service Codes and Descriptions: Prosthodontic (Removable) Services (cont.)

**Repairs to Partial Dentures**

- D5610 Repair resin denture base (**under 21 and S.C. only**)
- D5620 Repair cast framework (**under 21 and S.C. only**)
- D5630 Repair or replace broken clasp (**under 21 and S.C. only**)
- D5640 Replace broken teeth—per tooth (**under 21 and S.C. only**)
- D5650 Add tooth to existing partial denture (**under 21 and S.C. only**)
- D5660 Add clasp to existing partial denture (**under 21 and S.C. only**)

**Denture Rebase Procedures**

- D5710 Rebase complete maxillary denture (**under 21 and S.C. only**) (P.A.)
- D5711 Rebase complete mandibular denture (**under 21 and S.C. only**) (P.A.)
- D5750 Reline complete maxillary denture (laboratory) (**under 21 and S.C. only**) (P.A.)
- D5751 Reline complete mandibular denture (laboratory) (**under 21 and S.C. only**) (P.A.)

609 Service Codes and Descriptions: Prosthodontic (Fixed) Services

See 130 CMR 420.427, 420.438, and 420.448 for limitations. Each abutment and each pontic constitutes a unit in a bridge.

Service

Code      Service Description

**Fixed Partial Denture Pontics**

- D6241 Pontic—porcelain fused to predominantly base metal (**under 21 only**) (P.A.)
- D6751 Crown—porcelain fused to predominantly base metal (**under 21 only**) (P.A.)

**Other Fixed Partial Denture Services**

- D6930 Recement fixed partial denture (**ages 16 through 20 only**)
- D6980 Fixed partial denture repair, by report (**ages 16 through 20 only**) (P.A.) (I.C.)
- D6999 Unspecified, fixed prosthodontic procedure, by report (**under 21 and S.C. only**) (P.A.) (I.C.)

<b>Commonwealth of Massachusetts</b> <b>Division of Medical Assistance</b> <b>Provider Manual Series</b>  DENTAL MANUAL	<b>SUBCHAPTER NUMBER AND TITLE</b> 6 SERVICE CODES AND DESCRIPTIONS	<b>PAGE</b> 6-7
	<b>TRANSMITTAL LETTER</b> DEN-62	<b>DATE</b> 01/01/03

610 Service Codes and Descriptions: Exodontic Services

See 130 CMR 420.429, 420.439, and 420.449 for limitations.

Service

Code      Service Description

**Extractions (Includes Local Anesthesia and Routine Postoperative Care) (Place of Service Excludes Emergency Room and Hospital Inpatient)**

D7110 Extraction—single tooth  
D7120 Extraction—each additional tooth  
D7210 Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth  
D7220 Removal of impacted tooth—soft tissue (P.A.)  
D7230 Removal of impacted tooth—partially bony (P.A.)  
D7240 Removal of impacted tooth—completely bony (P.A.)  
D7281 Surgical exposure of impacted or unerupted tooth to aid eruption (for orthodontic purposes only) **(under 21 only)** (P.A.)

**Surgical Procedures (Place of Service Excludes Emergency Room and Hospital Inpatient)**

D7310 Alveoplasty in conjunction with extractions—per quadrant (seven or more extractions per arch)  
D7320 Alveoplasty not in conjunction with extractions—per quadrant  
D7340 Vestibuloplasty—ridge extension (second epithelialization) (P.A.)  
D7960 Frenulectomy (frenectomy or frenotomy)—separate procedure (S.P.)  
D7970 Excision of hyperplastic tissue—per arch (P.A.)  
D7999 Unspecified oral surgery procedure, by report (P.A.) (I.C.)  
D9930 Treatment of complications (post-surgical)—unusual circumstances, by report (I.C.)

<b>Commonwealth of Massachusetts</b> <b>Division of Medical Assistance</b> <b>Provider Manual Series</b>  DENTAL MANUAL	<b>SUBCHAPTER NUMBER AND TITLE</b> 6 SERVICE CODES AND DESCRIPTIONS	<b>PAGE</b> 6-8
	<b>TRANSMITTAL LETTER</b> DEN-62	<b>DATE</b> 01/01/03

611 Service Codes and Descriptions: Orthodontic Services

See 130 CMR 420.428 for limitations.

Service

Code      Service Description

**Orthodontic Diagnosis and Full Orthodontic Treatment**

- D8080 Comprehensive orthodontic treatment of the adolescent dentition **(under 21 only)** (P.A.)
- D8660 Pre-orthodontic treatment visit (consultation) (accredited orthodontists only) (once per six months) **(under 21 only)** (I.C.)
- D8670 Periodic orthodontic treatment visit (as part of a contract) (full orthodontic treatment, active, first year and second year, and first half of third year, if necessary, including retainer-quarterly treatment visits) **(under 21 only)** (P.A.)
- D8690 Orthodontic treatment (alternative billing to a contract fee) **(under 21 only)** (P.A.) (I.C.)

**Space Maintenance (Passive Appliances)**

- D1510 Space maintainer—fixed-unilateral **(under 21 only)**
- D1515 Space maintainer—fixed-bilateral **(under 21 only)**
- D1520 Space maintainer—removable unilateral **(under 21 only)**
- D1525 Space maintainer—removable-bilateral **(under 21 only)**
- D1550 Recementation of space maintainer **(under 21 only)** (I.C.)

**Other Orthodontic Services**

- D8680 Orthodontic retention (removal of appliances, construction and replacement of retainer(s)) **(under 21 only)**
- D8692 Replacement of lost or broken retainer **(under 21 only)** (P.A.) (I.C.)
- D8999 Unspecified orthodontic procedure, by report **(under 21 only)** (P.A.) (I.C.)



<b>Commonwealth of Massachusetts</b> <b>Division of Medical Assistance</b> <b>Provider Manual Series</b>  DENTAL MANUAL	<b>SUBCHAPTER NUMBER AND TITLE</b> 6 SERVICE CODES AND DESCRIPTIONS	<b>PAGE</b> 6-9
	<b>TRANSMITTAL LETTER</b> DEN-62	<b>DATE</b> 01/01/03

612 Service Codes and Descriptions: General Anesthesia and IV Sedation Services — All Members

See 130 CMR 420.452 for limitations. The allowable fees include payment for cardiac monitoring and other related costs, per 15 minutes.

Service

Code      Service Description

D9220      General anesthesia—first 30 minutes

D9221      General anesthesia—each additional 15 minutes (from 31 to 90 minutes)

613 Service Codes and Descriptions: Other Services — All Members

See 130 CMR 420.456 and 420.457 for limitations.

Service

Code      Service Description

**Treatment of Physically or Developmentally Disabled Recipients**

D9920      Behavior management, by report (P.A.) (I.C.)

**Unclassified Treatment**

D9110      Palliative (emergency) treatment of dental pain—minor procedure

D9941      Fabrication of athletic mouthguard (**under 21 only**) (P.A.)

D9999      Unspecified adjunctive procedure, by report (P.A.) (I.C.)

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<b>Commonwealth of Massachusetts Division of Medical Assistance Provider Manual Series</b>  DENTAL MANUAL	<b>SUBCHAPTER NUMBER AND TITLE</b> 6 SERVICE CODES AND DESCRIPTIONS		<b>PAGE</b> 6-10
	<b>TRANSMITTAL LETTER</b> DEN-62	<b>DATE</b> 01/01/03	

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